

Cheri Bragg
Testimony before the Judiciary Committee
Re: In Opposition to SB 452
March 29, 2012

Good morning/afternoon Senator Coleman, Representative Fox, and distinguished members of the Judiciary Committee. My name is Cheri Bragg and I am a registered voter from Manchester, CT. **I am here today to testify in opposition to SB 452, An Act Concerning the Care and Treatment of Persons with Psychiatric Disabilities.**

My mother lives with bipolar disorder. She was first hospitalized when I was 2. She spent decades institutionalized in CT, partly due to a much different mental health system, but also because she does not believe, to this day, that she has a mental illness. She would often come home feeling well, decide she didn't need her medication, and inevitably end up back in the hospital. I worried when she was missing, got confused or scared when she experienced delusions or psychosis, and grieved immeasurably when she was re-hospitalized. Today she believes that my family died in a car accident – to her I do not exist as a “daughter”. **I get it** – I understand completely why other family members might want to see outpatient commitment become law. I've spent over 40 years grieving the “loss” of my mother and if outpatient commitment was the magic wand that I could wave to make her well and make the traumatic impact of mental illness go away forever, no one would jump faster or wave harder. But my own experiences tell me otherwise.

My mother was hospitalized multiple times, often for very lengthy periods of time, during which time she was forcibly medicated. **NOT ONCE did the action of forcing medication make her believe that she has a mental illness nor did it increase her chances of success in the community.**

There is also potential for abuse, especially when an imbalance or perceived imbalance of power exists between the “professional” and the person receiving treatment. My mother resides in a skilled nursing facility (referred to in Section 4 of SB 452) in the greater Middletown area. I have the honor of serving as her “conservator of person”. Last year she was hospitalized for the first time since arriving at the nursing facility over a decade ago. I was told that she had become “increasingly agitated” and “demonic” (yes, they actually used those words). They said she was psychotic. When I visited her in the hospital, she was NOT psychotic, only sad and confused about why she was forced to go there. They wanted to increase her medications against her wishes and asked me to assist with the process. I refused because a) She was NOT psychotic or behaving differently b) the medication they recommended causes gross weight gains

and other health complications c) forcing my mother to take medication against her will could irreparably harm our relationship of trust d) forcing medication would reinforce her paranoia and d) historically, forced medication has NOT increased her insight into having a mental illness. The nursing facility called me at work under the guise of "an emergency" and when I wouldn't budge, they screamed at me and tried to convince me to give up my conservator of person status saying "wouldn't you be happier if someone else made those decisions"? Stunningly, my mother was immediately returned to the nursing facility WITHOUT a medication adjustment and has miraculously lived there without another hospitalization this past year. My mother returned amidst the completion of a Public Health Department inspection. In less than a week, her room had been re-modeled (carpet torn up/walls painted) and ¾ of her belongings had been thrown out without her permission including personal pictures, books, art and other belongings. Instead of working with her to sort through belongings and prepare for a public health inspection, they took the coward's way out through force. Some people see pills as an "easy fix" vs. putting in the time to effect change through trust. I have taken medication for depression only after careful consideration of my choices – ALL members of the community deserve these same rights and opportunities.

Working with her to form a trusting relationship, reviewing the pros and cons of various medication choices including the rights and responsibilities that go along with choosing NOT to take medication, opportunities to hear from positive, successful role models living with mental illness, working from a strengths-based, person-centered approach to treatment and recovery: these are what DMHAS' recovery-oriented principles are all about today. Outpatient commitment would greatly set back progress and gravely affect consumer-provider relationships throughout the state. At the core of these principles are trusting relationships.

Please reject SB 452: Long-term relationships are built on trust – outpatient commitment is force - lasting, trusting relationships aren't forced, they're fostered. Invest in fostering relationships through Advanced Directives, peer mentoring, positive role models and strengthening person-centered, strengths-based, recovery-oriented community mental health care. Thank you. I'm happy to answer any questions you might have.